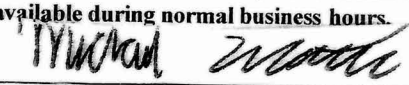


U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: Decon Chamber, H.E.P.A., Air Filtrations Unit, 10 Micron to 5 Micron Water Filtration system, H.E.P.A. Vaccum 6Mil. Black Labeled Bags, Disposable Gloves, Booties, Coveralls, Shovels, Hand Scrapers, 3 Gal Water Sprayer, Amended Water.
XII.	Waste Transporter #1 Name: <u>Codi Transport</u> Address: <u>72 Allen Blvd</u> City: <u>Farmingdale</u> State: <u>NY</u> Zip Code: <u>11735</u> Contact: <u>Don</u> Telephone: <u>(631) 694-6001</u> Waste Transporter #2 Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: <u>()</u>
XIII.	Waste Disposal Name: <u>Southern Alleghenies</u> Address: <u>845 Miller Picking Road</u> City: <u>Davidsville</u> State: <u>Pa</u> Zip Code: <u>15928</u> Contact: _____ Telephone: <u>(814) 479-2537</u>
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Check Containment, Wet Methods, HEPA Vacuum, Notify proper authorities and follow protocol
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 20%;"> _____ Date </div> <div style="width: 40%;"> _____ Type or Print Name and Title </div> </div>
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> _____ Signature of Owner/Operator </div> <div style="width: 20%;"> 07/12/16 Date </div> <div style="width: 40%;"> Michael Frassetto Type or Print Name and Title </div> </div>